



# Survey Questionnaire

## International Survey Chronic Obstructive Pulmonary Disease Main Questionnaire: Patients

State/Region \_\_\_\_\_ Metro Status: \_\_\_\_\_  
Date \_\_\_\_\_ CATI ID: \_\_\_\_\_  
Interviewer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_ TOTAL TIME: \_\_\_\_\_

### **READ IN (CONDITION) FROM SCREENER**

1. Let me begin with some questions about your general health, as well as some specific health conditions. In general, would you say your health is ...

Excellent .....1  
Very good .....2  
Good .....3  
Fair .....4  
Poor .....5  
Very poor .....6

- 2a. Aside from your (CONDITION), do you suffer from any other serious or chronic health conditions?

Yes .....1  
No .....2

**SKIP TO Q3**

- 2b. What other serious or chronic health conditions do you have? Anything else?

### **DO NOT READ LIST. MULTIPLE RECORD**

Arthritis .....1  
Asthma .....2  
Cancer or tumor .....3  
Depression .....4  
Diabetes .....5  
Heart disease .....6  
High blood pressure/hypertension ..7  
Other (SPECIFY) .....8

**IF CANCER OR TUMOR IN Q2b, ASK:**2c. What kind of cancer (or tumor) is it? **MULTIPLE RECORD**

Blood (leukemia) .....1  
 Breast .....2  
 Colon .....3  
 Lung .....4  
 Ovarian .....5  
 Prostate .....6  
 Skin (melanoma) .....7  
 Skin (non-melanoma) .....8  
 Other (SPECIFY) .....9  
 Not sure/refused .....10

3. At what age were you first diagnosed with (CONDITION)?

\_\_\_\_\_ AGE AT DIAGNOSIS  
 Never diagnosed .....99

4. Overall, how severe is your (CONDITION), now? Is it severe, moderate or mild?

Severe .....1  
 Moderate .....2  
 Mild .....3

5a. Have you EVER been hospitalized overnight or longer as a direct result of your (CONDITION)?

Yes .....1  
 No .....2 **SKIP TO Q6a**

5c. How many times have you been hospitalized in the past 12 months as a direct result of your (CONDITION)?

\_\_\_\_\_ TIMES  
 Never .....00 **SKIP TO Q6a**

5d. How many nights in total have you been hospitalized in the past 12 months as a direct result of your (CONDITION)?

\_\_\_\_\_ TOTAL NIGHTS  
 Never .....00

6a. Have you gone to a hospital emergency room in the past 12 months for your (CONDITION)?

Yes .....1  
 No .....2 **SKIP TO Q7a**

6b. How many times have you been to an emergency room in the past 12 months for your (CONDITION)?

\_\_\_\_\_ ER VISITS FOR RESP CONDITIONS

7a. Aside from any hospitalizations and emergency room visits, has your (CONDITION) caused any other unscheduled emergency visits to a doctor's office, clinic or somewhere else in the past 12 months?

Yes .....1  
 No .....2 **SKIP TO Q8a**

7b. How many times have you had an unscheduled emergency visit to these places in the past 12 months for your (CONDITION)?

\_\_\_\_\_ URGENT CARE VISITS

8a. Does your (CONDITION) keep you from working?

Yes .....1 **SKIP TO Q10a**  
 No .....2  
 Retired (Vol) .....3 **SKIP TO Q10a**

8b. Are you limited in the kind or amount of work you can do because of your (CONDITION)?

Yes .....1  
 No .....2

9a. Have you missed work in the past 12 months due to your (CONDITION)?

Yes .....1  
 No .....2 **SKIP TO Q10a**

9b. How many work days have you lost in the past 12 months as a result of your (CONDITION)?

\_\_\_\_\_ DAYS LOST

10a. Has your (CONDITION) caused any other household member to miss work in the past 12 months?

Yes .....1  
 No .....2

11. Has there been any three-month period during the past year when you ...

	Never (vol)	Every day	Most days a week	A few days a week	A few days a month	Less than that
a. Coughed	1	2	3	4	5	6
b. Brought up phlegm or sputum	1	2	3	4	5	6
c. Had shortness of breath	1	2	3	4	5	6
f. Been awakened at night by coughing, wheezing or shortness of breath	1	2	3	4	5	6

12. Which of the following best describes how breathless you get, these days?

**READ LIST. SINGLE RECORD. STOP AT FIRST YES**

I am too breathless to leave the house .....1  
 I stop for breath after walking a few minutes, even on level ground .....2  
 I have to stop for breath even when walking on level ground at my own pace .....3  
 I walk slower than most people my age .....4  
 I get breathless when hurrying on level ground or walking up a slight incline .....5  
 I only get breathless after strenuous exercise .....6  
 None of these .....9

## 13. Do you feel breathless when.....

**READ LIST. MULTIPLE RECORD**

- a. Sitting or lying still .....1
- b. Getting washed or dressing .....2
- e. Walking up a flight of stairs .....5
- g. Talking .....7
- i. Doing light housework .....9
- None of these .....11

## 14. Would you agree strongly, agree somewhat, disagree somewhat or disagree strongly with each of the following statements?

Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly
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**ROTATE LIST**

- a. My cough or breathing is embarrassing in public
- b. I expect my condition to get worse
- c. I panic or get afraid when I cannot get my breath
- d. I feel that I am not in control of my breathing problem
- g. I often worry about having an exacerbation (increase in severity of symptoms) when I am away from home
- h. I have a hard time making plans because I never know how I will be feeling
- i. The health care system could do a lot better job helping people with my condition

## 15. Overall, how well would you say that your respiratory condition has been controlled in the past 12 months? Would you say it was ...

- Completely controlled .....1
- Well controlled .....2
- Somewhat controlled .....3
- Not controlled at all .....5

## 17. How much do you feel that your respiratory condition limits what you can do in each of the following areas? Do you feel it restricts you a lot, some, only a little or not at all in ...

	A lot	Some	Little	Not at all
a. Sports and recreation	1	2	3	4
b. Normal physical exertion	1	2	3	4
d. Social activities	1	2	3	4
f. Sleeping	1	2	3	4
h. Housekeeping chores	1	2	3	4
i. Sex life	1	2	3	4
k. Family activities	1	2	3	4

18. Is the place you usually go (go most often) for your overall health care, medical advice/treatment a ...

**READ LIST. SINGLE RECORD**

- Doctor's office/surgery or private clinic .....1  
 Hospital outpatient clinic .....2  
 Hospital emergency room .....3  
 Company clinic .....4  
 Public health clinic .....5  
 Some other place (SPECIFY) .....6 \_\_\_\_\_

19. How often have you seen a doctor about your (CONDITION) in the past 12 months?

**READ LIST IF NECESSARY**

- Once a week or more often .....1  
 Two or three times a month .....2  
 Once a month .....3  
 Every couple of months .....4  
 Every three to six months .....5  
 Once a year .....6  
 Never in past year .....7

20. What is the medical specialty of the doctor that you see most often for your (CONDITION)?

**READ LIST IF NECESSARY SINGLE RECORD**

- General/Family Practice .....1  
 Internal Medicine.(General Medicine) .....2  
 Pulmonary/Lung/Respiratory Specialist .....3  
 Allergist .....4  
 Cardiologist/heart specialist .....5  
 Other (SPECIFY) .....6

- 21a. Aside from doctors, have you seen any other health care professionals about your (CONDITION) in the past 12 months?

- Yes .....1  
 No .....2

**SKIP TO Q 22c (CONDITIONAL)**

- 21b. What other types of health care professionals have you seen about your condition in the past 12 months?

**MULTIPLE RECORD**

- Nurse .....2  
 Pharmacist .....3  
 Respiratory therapist .....4  
 Other (SPECIFY) .....5

**IF NEVER IN PAST YEAR IN Q19, ASK Q22c, ELSE SKIP TO Q23a**

- 22c. Why haven't you seen a doctor about your (CONDITION) in the past 12 months?

- Doctor can't help me .....1  
 Doctor won't listen to me .....2  
 Doctor not sympathetic .....3  
 Symptoms not severe enough .....4  
 Symptoms not frequent enough .....5  
 Medication controls symptoms .....6  
 Can control symptoms myself .....7  
 Nothing can be done .....8  
 Other (specify) .....9  
 Not sure .....10 \_\_\_\_\_

23a. Have you ever had your lungs tested – where you blow hard into a tube?

Yes .....1  
 No .....2 **SKIP TO Q24a**

23b. Was the tube attached to a graph recorder (spirometer) or was it hand held with a number display (peak flow meter)?

Graph recorder (spirometer) .....1  
 Hand held (peak flow meter) .....2  
 Both .....3  
 Neither .....4

23c. How often has your lung function been tested by the doctor (or nurse) in the past 12 months?

Every visit .....1  
 Once a month .....2  
 Several times a year .....3  
 Every six months .....4  
 Just once .....5  
 Never .....6

24a. Has your doctor or nurse ever shown you how to use an inhaler?

Yes .....1  
 No .....2 **SKIP TO Q26**

24b. When was the most recent time (that your doctor or nurse asked you to show them how you use your inhaler)? Was it ...

Within the past six months .....1  
 Within the past year .....2  
 More than a year ago .....3  
 Never .....4

26. In managing your respiratory condition in the past 12 months has your doctor ...

Ordered a chest X-ray .....1  
 Ordered a CT, CAT or MRI scan .....2  
 Ordered an electrocardiogram (ECG) .....3  
 Used a finger stick to measure blood oxygen .....4  
 Drawn blood by hypodermic/syringe for blood oxygen .....5

27a. Have you used home oxygen therapy for your (CONDITION) in the past 12 months?

Yes .....1  
 No .....2 **SKIP TO Q28**

27b. How often do you use oxygen at home?

Every day .....1  
 Most days .....2  
 Once a week .....4  
 Once a month .....6  
 Not every month, but occasionally ...7

28. Would you say that you follow your doctor's advice on the management and treatment of your (CONDITION)?

All of the time .....1  
 Most of the time .....2  
 Some of the time .....3  
 Rarely .....4  
 Never .....5

29. How much has your doctor's advice helped improve your ability to manage your respiratory symptoms?  
 Has it improved it ...

A lot .....1  
 Some .....2  
 Only a little .....3  
 Not at all .....4

30. Overall, how satisfied are you with your doctor's management and treatment of your (CONDITION)?  
 Are you ...

Very satisfied .....1  
 Somewhat satisfied .....2  
 Somewhat dissatisfied .....3  
 Very dissatisfied .....4

31. Based on your experience with the doctor you see most often for your condition, would you strongly agree, somewhat agree, somewhat disagree or strongly disagree with the following statements?

	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly
<b><u>ROTATE LIST</u></b>				
a. My doctor is genuinely concerned about helping me	1	2	3	4
b. My doctor thinks my condition is my fault	1	2	3	4
d. My doctor doesn't think he or she can do anything to relieve my symptoms	1	2	3	4
f. My doctor is very knowledgeable about my condition and its treatment	1	2	3	4
h. My doctor does not understand what it is like to suffer from my condition	1	2	3	4
j. My doctor really involves me in decisions about my treatment	1	2	3	4

- 32a Are you taking any prescription medicine for (CONDITION)?

Yes .....1  
 No .....2

**SKIP TO Q32c**

32b. When was the most recent time that you/ took a prescription medicine for your (CONDITION)?

- |                                      |   |                            |
|--------------------------------------|---|----------------------------|
| Within the past month . . . . .      | 1 |                            |
| Within the past six months . . . . . | 2 |                            |
| Within the past year . . . . .       | 3 |                            |
| 1–2 years ago . . . . .              | 4 | <b><u>SKIP TO Q33a</u></b> |
| 3 or more years ago . . . . .        | 5 | <b><u>SKIP TO Q33a</u></b> |
| Never . . . . .                      | 6 | <b><u>SKIP TO Q33a</u></b> |

32c. What is the name of that/those prescription medicines (you take now/you have taken in the past year) for (CONDITION) Any others?

**MULTIPLE RECORD**

**FOR EACH MEDICINE LISTED IN Q32c ASK Q32d**

32d. How often do/did you take this medication?

- |                                     |   |
|-------------------------------------|---|
| More than six times a day . . . . . | 1 |
| 4–6 times a day . . . . .           | 2 |
| 2–3 times a day . . . . .           | 3 |
| Once a day . . . . .                | 4 |
| 3–4 times per week . . . . .        | 5 |
| 1–2 times per week . . . . .        | 6 |
| Less than once a week . . . . .     | 7 |

33a. How often do you use a nebulizer?

- |                                     |   |                           |
|-------------------------------------|---|---------------------------|
| Daily or nearly every day . . . . . | 1 |                           |
| Several times a week . . . . .      | 2 |                           |
| Once a week . . . . .               | 3 |                           |
| A few times a month . . . . .       | 4 |                           |
| Rarely . . . . .                    | 5 |                           |
| Never . . . . .                     | 6 | <b><u>SKIP TO Q34</u></b> |

33b. Do you have a nebulizer at home?

- |               |   |
|---------------|---|
| Yes . . . . . | 1 |
| No . . . . .  | 2 |

34. Do you ever skip your medication if you are feeling well and don't think you need it?

- |               |   |
|---------------|---|
| Yes . . . . . | 1 |
| No . . . . .  | 2 |

35. How often do you take a larger dose of your medicine or more frequent doses than indicated on the instructions?

- |                                     |   |
|-------------------------------------|---|
| Daily or nearly every day . . . . . | 1 |
| Several times a week . . . . .      | 2 |
| A few times a month . . . . .       | 4 |
| Rarely . . . . .                    | 5 |
| Never . . . . .                     | 6 |



37a. Are you taking any non-prescription, over the counter medicines for your (CONDITION)?

Yes .....1  
No .....2

**SKIP TO Q38a**

37b. What kinds of over the counter medicines are you taking for your condition?

Cough and cold .....1  
Other (SPECIFY)

38a. In the past 12 months, have you taken any antibiotics for respiratory infections?

Yes .....1  
No .....2

39. In the past 12 months, have you had an influenza vaccine or flu shot?

Yes .....1  
No .....2

40. Based on what you know or have heard, what is the underlying condition that causes your (CONDITION)?

**DO NOT READ LIST. MULTIPLE RECORD.**

Inflammation of airways .....1  
Redness/swelling of airways .....2  
Allergies .....3  
Smoking .....4  
Bronchoconstriction .....5  
Tightening of airway muscle .....6  
Pollution .....7  
Work-related exposures .....8  
Other (SPECIFY) .....9  
Not sure .....10

#### **PATIENT EDUCATION**

41. How well informed do you feel you are about your condition and its treatment?  
Would you say you are ...

Very well informed .....1  
Adequately informed .....2  
Less than adequately informed .....3  
Very poorly informed .....4

42. How well do you feel that you understand the best ways to manage your (CONDITION)?  
Would you say that you understand them ...

Completely .....1  
Mostly .....2  
Somewhat .....3  
Not too well .....4  
Not at all .....5

43. How much need do you think there is for better education of PEOPLE WITH (CONDITION) about their condition and its treatment? Do you think there is a ...

Strong need .....1  
Moderate need .....2  
Not much of a need .....3  
No need at all .....4

44. How much need do you think there is for better education of DOCTORS AND OTHER HEALTH PROFESSIONALS about (CONDITION)? Do you think there is a ...

Strong need .....1  
Moderate need .....2  
Not much of a need .....3  
No need at all .....4

- 45b. Where do you get most of your information about your condition?

**DO NOT READ LIST. SINGLE RECORD**

Doctors .....1  
Nurses .....2  
Other health professionals .....3  
Other patients .....4  
Patient organizations .....5  
Books .....6  
Library .....7  
Internet .....8  
TV/Cable .....9  
Radio .....10  
Newspaper .....11  
Magazines .....12  
Family and friends .....13  
Other (SPECIFY) .....14

46. Now I'm going to read you a series of statements and I would like you to tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly with the statement?

	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know
<b><u>ROTATE LIST</u></b>					
b. There are no truly effective treatments for (CONDITION)	1	2	3	4	5
c. Smoking is the cause of most cases of (CONDITION)	1	2	3	4	5
d. With proper treatment of (CONDITION), progressive increase in breathlessness can be slowed	1	2	3	4	5
e. (CONDITION) tends to get worse as you get older, regardless of treatment	1	2	3	4	5
g. People with (CONDITION) have better control of their disease than five years ago	1	2	3	4	5
h. With proper treatment most people with (CONDITION) can lead a full and active life	1	2	3	4	5

47. I would like to know whether you agree or disagree with each of the following statements about treatment. Do you agree strongly, agree somewhat, disagree somewhat or disagree strongly that . . .

	Agree strongly	Agree somewhat	Disagree somewhat	Disagree strongly	Don't know
<b><u>ROTATE LIST</u></b>					
a. Inhalers are effective in providing relief from symptoms	1	2	3	4	5
c. I always carry an inhaler with me	1	2	3	4	5
d. Having to take medicine twice a day is more convenient than 3 or 4 times a day	1	2	3	4	5
e. If it was more convenient to take my medication, I would be better about taking it when I should	1	2	3	4	5
f. Being able to sleep through the night is very important to me	1	2	3	4	5
h. Taking so many medicines in different inhalers is inconvenient	1	2	3	4	5
i. I want a medication that will allow me to maintain a normal activity level	1	2	3	4	5
j. My current medication schedule makes it difficult to lead an active life	1	2	3	4	5

52a. Do you now smoke cigarettes regularly, that is, at least one a day?

Yes .....1 **SKIP TO Q52c**  
 No .....2

52b. How long ago (in years) did you stop smoking (most recently)?

\_\_\_\_\_NUMBER OF YEARS AGO  
 Within the past year .....00

**IF NO IN Q52a, SKIP TO Q53**

52c. Have you ever tried to stop smoking?

Yes .....1  
 No .....2 **SKIP TO Q52e**

52d. What, if anything, have you tried to stop smoking? Anything else?

**MULTIPLE RECORD**

Accupuncture .....1  
 Hypnotherapy .....2  
 Nicotine gum .....3  
 Nicotine patch .....4  
 Zyban .....5  
 Other medication (specify) .....6  
 Other aid (SPECIFY) .....7  
 Without any of these .....8

52e. Has your doctor discussed stopping smoking with you in the past 12 months?

Yes .....1  
 No .....2

53. Does anyone (else) in your household smoke?

Ye .....1  
 No .....2

### **DEMOGRAPHICS**

Now, a few last questions for statistical purposes ...

D2. Are you currently married, living as part of an unmarried couple, separated, divorced, widowed or single/never married?

Married .....1  
 Living as unmarried couple .....2  
 Separated or divorced .....3  
 Widowed .....4  
 Single/Never married .....5

D3. How old are you?

\_\_\_\_\_age

D4. What is the last year or grade of school you completed? (Europe equivalents)

- No high school .....1
- Some high school .....2
- High school graduate .....3
- Technical post-secondary .....4
- Some college .....5
- Four year college graduate .....6
- Post Graduate degree .....7

D5. Are you currently employed full-time, employed part-time, unemployed, retired, a student, a homemaker or something else?

- Employed full-time .....1
- Employed part-time .....2
- Unemployed .....3
- Retired and not working .....4
- Student .....5
- Homemaker .....6
- Disabled or too ill to work .....7

D7. Which of the following categories best describes your 1999 household income before taxes?

- \$15 000 or less .....3
- \$15 001 to \$25 000 .....4
- \$25 001 to \$35 000 .....5
- \$35 001 to \$50 000 .....6
- \$50 001 to \$75 000 .....7
- \$75 001 to \$100 000 .....8
- Over \$100 000 .....9

D8. How many members of your immediate family outside of your household have ever had emphysema, chronic bronchitis or COPD?

\_\_\_\_\_with COPD

D10. Gender

- Male .....1
- Female .....2

In order to better understand patient characteristics, we would like to ask you about your height and weight.

D11. About how tall are you without shoes?

\_\_\_\_\_ -ft      \_\_\_\_\_ -inches      [or metric]

D12 What is your weight?

\_\_\_\_\_ lbs      [or metric]

That completes the interview. What you've told us is very important, and we'd like to thank you for your time.

IF ASKED NAME OF PHARMACEUTICAL COMPANY FUNDING THE PROJECT, SAY:  
**The survey is being funded by Glaxo-Wellcome.**